

# HASP FORM

UNITED STATES DEPARTMENT OF AGRICULTURAL  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

## **FORM 5 Local Medical Care Providers:**

Name: \_\_\_\_\_

Type of facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_

Have arrangements been made to treat APHIS Personnel ☐ Yes

☐ No

General directions:

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Name: \_\_\_\_\_

Type of facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_

Have arrangements been made to treat APHIS Personnel ☐ Yes

☐ No

General directions:

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Name: \_\_\_\_\_

Type of facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_

Have arrangements been made to treat APHIS Personnel ☐ Yes

☐ No

General directions:

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Has emergency medical transportation been arranged for APHIS personnel? ☐ Yes ☐ No

If yes, list name, contact information, and utilization procedure: \_\_\_\_\_

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Has the Incident Safety Officer (ISO) assured that the “Buddy System” is in use for all Field Team Members:

☐ Yes

☐ No

If No, explain additional measures to assure field team members can communicate emergency situations:

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